PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application of Docket Number			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY	OR		R THAN . ENTITY	
	FOR		NUMBER FILED		MUM	NUMBER EXTRA		RATE	FEE		RATE	FEE	
	SIC FEE CFR 1.16(a))								s	OR		\$	
	TAL CLAIMS CFR 1.16(c))		minus 20 =				7	X \$ =		OR	X \$ =		
	EPENDENT CLA CFR 1.18(b))	IMS	minus 3 :		3 = -		7	x \$=	 	OR	x \$ =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(d))								+ \$=		OR	+5 =		
• If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II													
3	3.24.05 (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAII REMAII AFTE AMENDI	NING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	1.14		Minus	20	1		x =25 =		OR	250 =	, <u>, , , , , , , , , , , , , , , , , , </u>	
	independent (37 CFR 1.16(b))	8		Minus	" B	-		× : 100 =		08	x :200=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ : 80 =		OR	+:360=	$\overline{}$	
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column	_		(Column 2)	(Column 3)				•			
AMENDMENT B		CLAIM REMAIN AFTEI AMENDM	ING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1,16(c))	<u> </u>		Minus	••	=		× 25 =		OR	× 50 =		
	Independent (37 CFR 1,16(b))	•		Minus	***	E .		× \$_100 =		ÓR	x \$ 200 =		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+\$180=		OR	+:360=		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
	•	(Column			(Column 2)	(Column 3)							
AMENDMENT C		CLAIM REMAINI AFTER AMENDM	NG }		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	•		Minus	••	Ę.		x s 25 =		OR	x 50 =		
	Independent (37 CFR 1,16(b))	•		Minus	•••	=		x \$ <u>100</u> =		Г	x \$ 200=		
ব	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ 180 =		OR	+ \$360=	•	
٠	A ##										TOTAL ADD'L FEE		
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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